



State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/11/2011

Business ID: 147190

William M. Gardner

Secretary of State

WATCH TOWER ALARM MONITORING CO., INC.

PO BOX 392

HAMPTON FALLS, NH 03844

ENTITY TYPE: CORPORATION

BUSINESS ID: 147190

STATE OF DOMICILE: NEW HAMPSHIRE

DEAL IN REAL & PERSONAL PROPERTY

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 392

HAMPTON FALLS, NH 03844

REGISTERED AGENT AND OFFICE:

Allen, Sharada L.

124 KENSINGTON ROAD

HAMPTON FALLS, NH 03844

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☒ The new principal office address P.O. Box 354 North Hampton, NH 03862

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME R. Jeffrey Allen
STREET 35 Whipple Court
CITY/STATE/ZIP Portsmouth, NH 03801
NAME Oriana Allen
STREET 35 Whipple Court
CITY/STATE/ZIP Portsmouth, NH 03801
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Carol Allen
STREET 63 Cranfield St.
CITY/STATE/ZIP New Castle NH 03854
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Oriana Allen

Please print name and title of signer: Oriana Allen

NAME

Secretary
TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): watchtowerleasing@gmail.com



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529